



Technical Standards and Safety Authority  
 www.tssa.org  
 14th Floor - Centre Tower  
 3300 Bloor Street West  
 Toronto Ontario M8X2X4  
 Fax: 416.231.4903  
 Customer Service: 1.877.682.8772

**Level 1 Risk and Safety Management Plan (RSMP)**  
**Technical Standards and Safety Act**  
 Propane Storage and Handling Regulation

- This Level 1 RSMP applies to:
- a facility with a total propane storage capacity of 5,000 USWG or less; or
  - a facility with a fixed propane storage capacity of exactly 5,000 USWG and no more than 500 USWG of portable propane storage capacity on site.

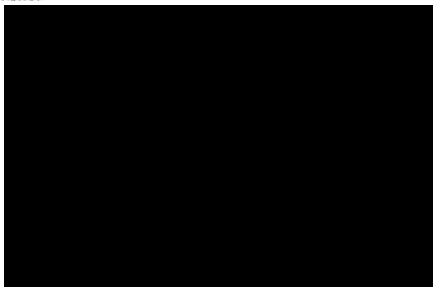
Failure to fully complete this form may result in rejection.  
 Making a false statement may result in a fine or prosecution under the *Technical Standards and Safety Act*

Licence Number 000203584

Check applicable type of propane operations.

Cylinder     Motor Fill     Filling Plant     Card/Keylock

Submit along with this completed application a Facility Site Plan and a Map of the Surrounding Area.



**SECTION A: GENERAL INFORMATION**

The undersigned applies to TSSA for a review for an RSMP under Ontario's *Technical Standards and Safety Act*, Propane Storage and Handling Regulation.

Company Name Pioneer Energy Ontario Corporation No., if applicable 2312330 Ontario Ltd.

Operator Name (if different from above) Baljinder Gill

Telephone No. 416-633-4999 Fax No. 416-633-4999 E-mail bbgill027@gmail.com

**B** Street No. 2881 Street Name / 911 Number / Address, if applicable Keele Street

Town / City or Township / County North York Province Ontario Postal Code M3M 2G9

Mailing address if different from above.

**C** Street No. \_\_\_\_\_ Street Name / 911 Number / Address, if applicable \_\_\_\_\_

Town / City or Township / County \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Information on Container Refill Centre or Filling Plant**

Location of facility.

**D** Street No. 2881 Street Name / 911 Number / Address, if applicable Keele Street Nearest Major Intersection Keele & Wilson Streets

Town / City or Township / County North York Province Ontario Postal Code M3M 2G9

Name of Licence Holder Baljinder Gill

Name of a Senior Management person as defined in the regulation holding the Record of Training (ROT). Baljinder Gill ROT type 100-01

Municipality (or municipalities if the facility or its hazard distance touches multiple borders) North York

Hours of operation.

This document is valid until the next licence renewal date. You are required by law to notify TSSA of any change of information.

Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.

Printname	Signature	Date (dd-mm-yyyy)
Name of Licence Holder <u>Baljinder Gill</u>		<u>08/04/13</u>
Name of Senior Management person as defined in the Regulation holding the Record of Training <u>Baljinder Gill</u>		



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**SECTION A: GENERAL INFORMATION (cont'd)**

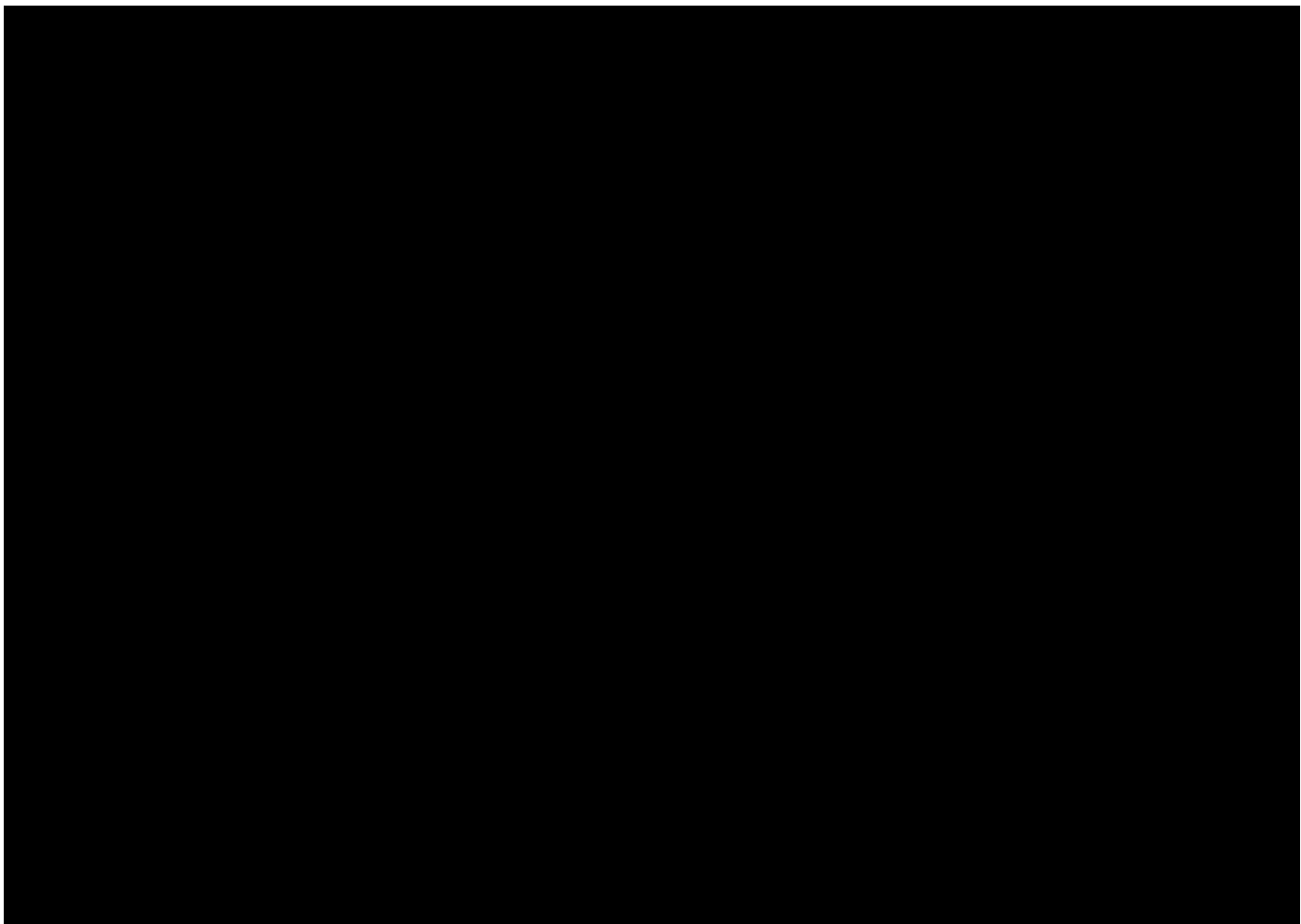
Indicate the year the facility was established.      Indicate the year of any significant modifications, as defined in s.1, O.Reg 211/01, since establishment.  
1980      N/A

Identify the psig rating and serial number for each fixed propane storage tank on site.

	PSIG	Serial Number
Tank 1:	250	7144
Tank 2:	_____	_____
Tank 3:	_____	_____

Enter capacity of propane in USWG, fixed, portable, and mobile, and provide detailed inventory that includes the number of tank/vessel for each type (fixed, portable, and mobile) and the capacity of each tank/vessel, on a separate document.

Fixed: 2000      Portable: 69.6      Mobile: \_\_\_\_\_



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Name of person completing this form (please print) Baljinder Gill	Official Title Site Manager	
Signature 	Telephone No. 416-633-4299	Date (dd-mm-yyyy) 08-04-2013



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**SECTION A: GENERAL INFORMATION (cont'd)**  
Activity Information

<b>Name of Propane Supplier(s)</b> Primemax Energy Inc.			
Street No. 2558	Street Name / 911 Number / Address, if applicable Cedar Creek Road		
Town / City or Township / Country Ayr		Province Ontario	Postal Code N0B 1E0
Telephone No. 519-740-8209	Fax No. 519-740-1015	Contact Name Gary Froese	
E-mail gfroese@primemaxenergy.com			

<b>Name of Propane Transporter.</b> If same as above, please check box. <input checked="" type="checkbox"/>			For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable		
Town / City or Township / Country		Province	Postal Code
Telephone No.	Fax No.	Contact Name	
E-mail			

<b>Off-site Cylinder and/or Mobile Storage</b>	Capacity stored off-site, in USWG	For Office Use - Party No.
Street No.	Street Name / 911 Number / Address, if applicable	
Town / City or Township / Country		Postal Code
Telephone No.	Fax No.	Contact Name

Note: Customer storage is not considered off-site storage.

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN**

The licence holder will complete Section B in consultation with the local Fire Services.

Description of the maximum volume, types and storage location of other hazardous materials on site, if any.

2 underground gasoline storage tanks, 1 x 50,000/ ~~1 x 50,000~~ 1 x 65000/ ~~1 x 50,000~~

Description of fire and emergency equipment indicated on facility site map.

4 x ABC Fire Extinguishers

List of fire protection controls (e.g., fire detection systems, fire notification systems, alarm systems, automatic shut off devices, fusible links, etc.) and describe their function, use and operation.

Spring Loaded Door shut off. A Steel Cable with a Fusible link is attached to the door. In the event of an incident the door can be closed which will close the main valve on the bottom of the tank, stopping any release of propane

Fusible link associated with the door shut-off

Maintenance and testing schedule for fire protection controls and devices.

Fire Extinguishers to be maintained in accordance with Ontario Fire Code

Sign off mtce. sheet used daily

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Signature 	Telephone No. 416-633-4299
	Date (dd-mm-yyyy) 08/04/2013



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

1. Contacts for Emergency Response

**1. Facility Contact Personnel - Key Contact**

Name <b>Baljinder Gill</b>	For Office Use - Party No.
Official Title <b>Site Manager</b>	
Telephone No. <b>416-633-4299</b>	Fax No. <b>416-633-4299</b>
E-mail <b>bgill027@gmail.com</b>	
Role and responsibilities in emergency <b>Implement evacuation plan and contact 911</b>	

**5. Facility 24-Hour Contact Person**

Name <b>Baljinder Gill</b>	For Office Use - Party No.
Official Title <b>Site Manager</b>	
Cell No. <b>416-633-4299</b>	Fax No. <b>416-633-4299</b>
E-mail <b>bgill027@gmail.com</b>	
Role and responsibilities in emergency <b>Respond to incident and notify first responders</b>	

**2. Facility Contact Personnel - Alternate Contact**

Name <b>Parminder Baram</b>	For Office Use - Party No.
Official Title <b>Employee</b>	
Telephone No. <b>416-633-4299</b>	Fax No. <b>416-633-4299</b>
E-mail <b>aujlapb@gmail.com</b>	
Role and responsibilities in emergency	

**6. Name of Facility Manager**

Name <b>Baljinder Gill</b>	For Office Use - Party No.
Official Title <b>Site Manager</b>	
Telephone No. <b>416-633-4299</b>	Fax No. <b>416-633-4299</b>
E-mail <b>bgill027@gmail.com</b>	
Role and responsibilities in emergency	

**3. Local Fire Services - Key Contact**

Name <b>Ryan Morison</b>	For Office Use - Party No.
Official Title <b>Inspector</b>	E-mail <b>rmorris3@toronto.ca</b>
Telephone No. <b>416-338-9167</b>	Fax No. <b>416-338-9169</b>
Role and responsibilities in emergency <b>Activate response to Emergency</b>	

**7. Propane Supplier Key Contact Person**

Name <b>Gary Froese</b>	For Office Use - Party No.
Official Title <b>Sales Manager</b>	E-mail <b>gfroese@primemax energy.com</b>
Telephone No. <b>519-740-8209</b>	Fax No. <b>519-740-1015</b>
Role and responsibilities in emergency <b>assist first responders</b>	

Fire Services Address  
255 Ester Shiner Blvd., Station 116

Propane Supplier Address  
2558 Cedar Creek Rd. Ayr, Ontario N0B 1E0

**4. Local Fire Services - Alternate Contact**

Name <b>Mike McCoy</b>	For Office Use - Party No.
Official Title <b>Deputy Chief</b>	E-mail
Telephone No. <b>416-338-9053</b>	Fax No. <b>416-338-9169</b>
Role and responsibilities in emergency <b>Activate response to Emergency</b>	

**8. Municipal Contact**

Name <b>Ulli S. Watkiss</b>	
Official Title <b>City Clerk</b>	
Telephone No. <b>416-392-8010</b>	Fax No. <b>416-392-2980</b>
E-mail <b>clerk@toronto.ca</b>	

Fire Services Address  
255 Ester Shiner Blvd., Station 116

Municipality Name and Address  
City of Toronto

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Name of person completing this form (please print) <b>Baljinder Gill</b>	Official Title <b>Site Manager</b>
Signature 	Telephone No. <b>416-633-4299</b>
	Date (dd-mm-yyyy) <b>08/04/2013</b>



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

2. Additional Safety Measures

Describe any other measures in place at the facility that exceed the minimum Code and Standards requirements.

N/A

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Signature 	Telephone No. 519-633-4299	Date (dd-mm-yyyy) 08/04/2013



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

3. Record of Emergency Training Provided - For most recent 12-month period.

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Training Date (dd-mm-yyyy) 20/04/2013	Print Name of Training Provider: <u>Baljinder Gill</u>
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Training Date (dd-mm-yyyy) 20/04/2013	Print Name of Training Provider: <u>Baljinder Gill</u>
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Training Date (dd-mm-yyyy) <del>08/04/2013</del> 12/06/12	Print Name of Training Provider: <u>FSN Training</u>
	Print Name of Instructor: <u>Barry Tourgis T2108 -trained Baljinder Gill</u>
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Training Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) <u>Baljinder Gill</u>	Official Title <u>Site Manager</u>
Signature 	Telephone No. <u>416-633-4299</u>
	Date (dd-mm-yyyy) <u>08/04/2013</u>



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

4. Emergency Training Plan for Coming Year

Training on Emergency Response Plan and Procedures provided to facility key contacts.

Target Date (dd-mm-yyyy) 20/04/2014	Print Name of Training Provider: Site Manager -Baljinder Gill
	Print Name of Instructor: Baljinder Gill
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

Training on the facility's Emergency Management Procedures provided to staff.

Target Date (dd-mm-yyyy) 20/04/2014	Print Name of Training Provider: Site Manager-Baljinder Gill
	Print Name of Instructor: Baljinder Gill
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

On-site specific training provided to certificate holders / persons with Records of Training.

Target Date (dd-mm-yyyy) 08/06/2015	Print Name of Training Provider: FSN Training
	Print Name of Instructor: Barry Turgis -T2108
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:
Target Date (dd-mm-yyyy)	Print Name of Training Provider:
	Print Name of Instructor:

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Name of person completing this form (please print) Baljinder Gill	Official Title Site Manager
Signature 	Telephone No. 416-633-4299
	Date (dd-mm-yyyy) 08/04/2013





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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

5. Emergency Response Communications Plan

**Warnings and Actions**

Describe who gives warnings to whom, and how and when the warning will be given (including public notification as appropriate).  
Staff will evacuate the site of all persons and move to south end of site. When they are at safe location, Baljinder will conduct emergency procedure as listed at site.

Describe what action is to be taken and by whom when a warning is issued (including details of a meeting place in a safe identified area and activating the evacuation plan, if necessary).  
The staff would push the Emergency Stop Button and then call 911 from the store or cell phone. The staff will then move all employees and customers to the South past Hester Street.

**Communication with Emergency Response Authorities**

Describe when and how the licence holder will give early warning to emergency response authorities (including a process to ensure that a call is placed to 911).  
In the event of an emergency the site staff would call 911 from safe location.

Describe provisions for fire department entry when there are no operations or staffing at the propane site.  
The site has 24 hour clear access for the fire service.

Describe how the licence holder will ensure continual flow of updated information to authorities.  
The on site employees , after evacuating any customers, will communicate with the situation commander when the fire service arrives at the location.

How long will it take the facility liaison person to respond to the site.  
Baljinder will arrive within 10 minutes of contact.

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Signature <i>Baljinder Gill</i>	Telephone No. 416-633-4299	Date (dd-mm-yyyy) 08/04/2013



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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.  
6. Building and Site Security and Procedures

	Yes	No
1. Does the propane location have controlled access to limit unnecessary risk and entry (lock out procedures)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is there adequate night lighting at the site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are procedures in place that ensure access routes, aisles, storage area, filling areas and the grounds are kept clear from unwanted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures that capture and record the daily inspection of hoses and inspection requirements for filling systems and mechanical devices used in the transfer of propane?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the facility have procedures that include a process to isolate and purge any overfilled propane cylinders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are weighing systems validated for accuracy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are storage areas clearly marked with the vessels' capacity status (i.e., filled, empty, purged and other hazardous materials)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are quality assurance procedures in place to ensure that all valves are closed after the propane cylinders are filled?(e.g., QCC valves)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Is the schedule of maintenance and testing activities retained on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. Water Supply

The propane licence holder should work with the local fire department to determine water supply capabilities that are available based on the propane facility's location.

	Yes	No
1. Is a pressurized water system available at the propane facility site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Can the municipal fire department pump 375 GPM (1420 LPM) of water at this location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. What is the unobstructed distance to the closest water supply that could be used for firefighting activities? (distance in metres only)	48 M	
4. What is the unobstructed distance to the closest approved water supply with year round access if there are no hydrants? ( distance in metres only)	N/A	

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**SECTION B: EMERGENCY AND PREPAREDNESS RESPONSE PLAN (cont'd)**

The licence holder will complete Section B in consultation with the local Fire Services.

**8. Licence holder and local Fire Services Review**

**To be completed by the Local Fire Services**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No



If not, please explain (e.g., no fire services).

Fire services comments, if any:

*NO ROT's certificates on site. Bollard/barrier missing on the west side of tank.*

**To be completed by the Licence Holder**

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_

(dd-mm-yyyy)

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Local Fire Services Name	Print name <i>Ryan Morrison</i>	Signature <i>R Morrison</i>	Date (dd-mm-yyyy) <i>10/apr/2013</i>
--------------------------	------------------------------------	--------------------------------	---

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Name of person completing this form (please print) <i>Baljinder Gill</i>	Official Title <i>Site Manager</i>	
Signature <i>Baljinder Gill</i>	Telephone No. <i>416-633-4299</i>	Date (dd-mm-yyyy) <i>22/APR/13</i>



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The licence holder will complete Section B in consultation with the local Fire Services.

8. Licence holder and local Fire Services Review

**To be completed by the Local Fire Services**

Has the local fire service had an opportunity to review the Emergency Response and Preparedness Plan?

Yes

No

If not, please explain (e.g., no fire services).

Fire services comments, if any:

*No ROT's certificates on site, Bollard/barrier missing on the west side of tank.*

**To be completed by the Licence Holder**

In response to the above comments, the following action(s) is required:

The licence holder will respond to the Local Fire Services comments by: \_\_\_\_\_ (dd-mm-yyyy)

**LOCAL FIRE SERVICES**

The undersigned has reviewed Section B of the Risk and Safety Management Plan Fire Services.

Local Fire Services Name	Print name <i>Ryan Morrison</i>	Signature <i>R Morrison</i>	Date (dd-mm-yyyy) <i>10/apr/2013</i>
--------------------------	------------------------------------	--------------------------------	---

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Name of person completing this form (please print) <i>Baljinder Gill</i>	Official Title <i>Site Manager</i>
Signature <i>[Redacted]</i>	Telephone No. <i>416-633-4299</i>
	Date (dd-mm-yyyy)



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**SECTION C: SUBMISSIONS**

Applicant must include a Facility Site Plan and Map of Surrounding Area

**Facility Site Plan.**

The licence holder will submit a copy of the original facility site plan updated with the following information:

1. The storage location of fixed, portable, and mobile vessels.
2. The maximum volume, types and storage location of hazardous materials.
3. Location of permanent structures on site.
4. Access and egress points and location of barriers.
5. Location of fire and emergency equipment (e.g., sprinkler systems, extinguishers, suppression systems) on site and location of fire hydrant or water supply where available.
6. Location of emergency shut off/shut down switches/valves.

**Map of Surrounding Area.**

The licence holder will submit a scaled aerial map of the surrounding area showing the following information:

7. The capacity and placement of the single largest propane storage vessel, including its setback from the front, rear and side property lines.
8. GPS co-ordinates of the single largest vessel.
9. Visual indication of the single largest fixed vessel and a circle made using the distance in Table 1 as the radius from the single largest fixed vessel.
10. Clear indication of the municipality or municipalities present within the circle.
11. Visual indication of property line information.
12. The location and name of roads within or abutting the site.
13. Key note to the drawing indicating the facility's municipal address, municipal lot number(s) and concession lines as applicable, and the date the map was prepared.
14. Address and contact information for each municipality (municipal clerk or secretary-treasurers of planning board). (Refer to page 5.)
15. Complete "Required Mapping Information from Updated Site Plan" in table below .

**Required Mapping Information from Updated Site Plan**

Date Map Prepared (dd-mm-yyyy) 12-05-2011	Capacity of single largest propane storage vessel (USWG) 2000 USWG
Tank setback coordinates. Indicate placement on the map.	
Front: 14 m	Right side property line: 7 m
Rear: 25 m	Left side property line: 31 m
GPS coordinates of single largest vessel: N43'43'58.8" W 79' 29' 2.6"	

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Name of person completing this form (please print) Baljinder Gill	Official Title Site Manager
Signature 	Telephone No. 416-633-4299
	Date (dd-mm-yyyy) 08/04/2013



**Technical Standards and Safety Authority**  
www.tssa.org

14th Floor - Centre Tower  
3300 Bloor Street West  
Toronto Ontario M8X 2X4  
Fax: 416.231.4903  
Customer Service: 1.877.682.8772

**Level 1 Risk and Safety Management Plan (RSMP)**  
*Technical Standards and Safety Act*  
Propane Storage and Handling Regulation

**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

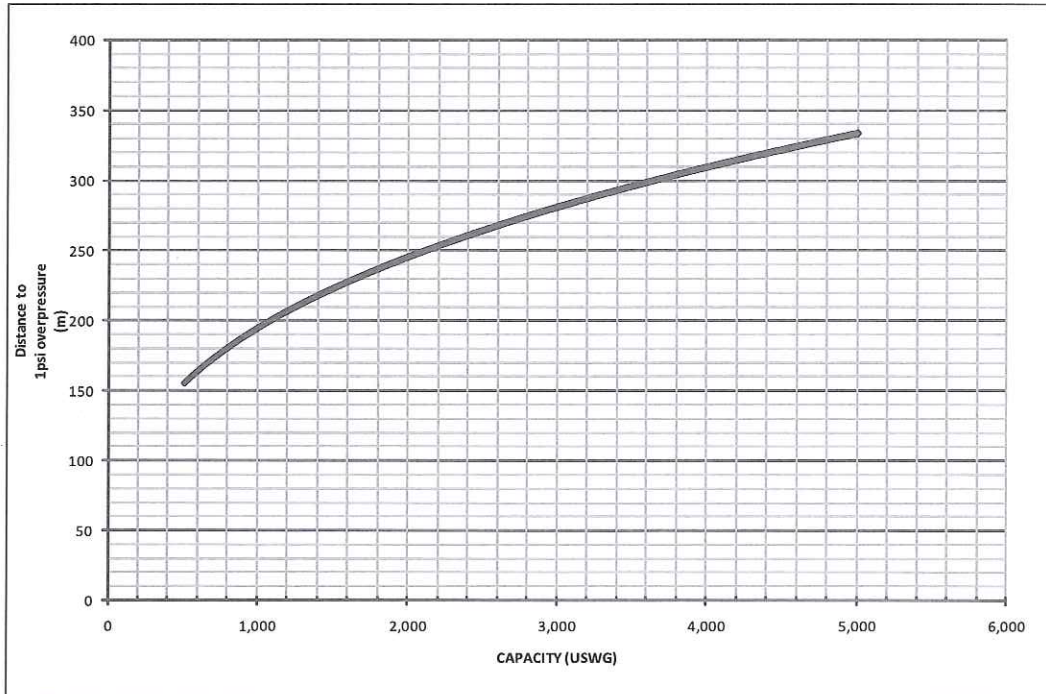
**Table 1: Distance Table**

Water Capacity (litres)	Nominal Water Capacity (USWG)	Distance to 1 psi overpressure (m)
1,890	500	155
3,780	1,000	195
4,920	1,300	213
6,620	1,750	235
7,130	1,885	241
7,560	2,000	246
18,900	5,000	333

**Formula:**  $D = 16.94 \times (1.524 \times C)^{1/3}$   
 D = Distance to overpressure of 1 psi (meters)  
 C = Tank Total Capacity in USWG

**Parameters:** Density of Propane is 0.5033 kg per litre @ 15 C  
 Assume all vessels are 80% full  
 1 gallon [US, liquid] = 0.003785411784 cubic meter  
 1 cubic metre = 264.17 USWG

**Hazard Distance Chart (EPA-TNT model)**





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**SECTION C: SUBMISSIONS (cont'd)**  
Applicant must include a Facility Site Plan and Map of Surrounding Area

As an accompaniment to the Map of Surrounding Area, provide the following information about buildings and features present within the circle in Table 2.

**Table 2: Buildings and Features**

Buildings and Features Present within the Circle on the Map of the Surrounding Area AND Name and Address of Closest Building or Feature	* Number of Buildings and Features (mark with an "X")				Distance from Tank to Closest Building or Feature
	0	1	2-10	11+	
Industrial buildings or parks or golf courses Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Residential building units specifically permanent single family dwellings, condominiums, and apartments [REDACTED]			x		10 m
Commercial building units specifically retail, restaurants, entertainment, theatres, and sporting complexes. Name: <u>GOOD BOY BILLIARDS</u> Address: <u>2873 KEELE ST</u> City: <u>TORONTO</u> Province <u>ON</u> Postal Code <u>M3M 2G7</u>			x		25 m
Commercial building units - continuous occupancy specifically hotels, campgrounds, and resorts. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m
Emergency responders specifically fire stations, ambulance stations, and police stations. Name: _____ Address: _____ City: _____ Province _____ Postal Code _____	X				_____ m

\* For multi-unit buildings, count each unit as "1".

**Declaration: I am aware that it is an offence to give false information in this document and I hereby declare that the information I have given here is true and complete.**

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Signature 	Telephone No. <u>416-633-4299</u>
	Date (dd-mm-yyyy) <u>08/04/2013</u>



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<b>Industrial buildings or parks or golf courses</b> Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
<b>Residential building units specifically permanent single family dwellings, condominiums, and apartments.</b>			x		10 m
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<b>Sensitive institutions specifically hospitals, schools and day cares, nursing and retirement homes, mental health institutions, and prisons.</b> Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m
<b>Emergency responders specifically fire stations, ambulance stations, and police stations.</b> Name: _____ Address: _____ City: _____ Province _____ Postal Code _____					_____ m

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Signature <i>Balginder Gill</i>	Telephone No. <b>416-633-4299</b>
	Date (dd-mm-yyyy) <b>08/04/2013</b>





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**WORKSHEET**

**Portable Storage Additional Information Worksheet**

Cylinder Size	Capacity in USWG	Quantity	Total Volume in USWG
# 420	123.9		
# 100	29.5		
# 40	11.75		
# 33.3	9.62		
# 30	8.8		
# 20	5.8	12	
# 10	2.9		
# 5	1.5		
<b>Total Cylinder Capacity</b>			

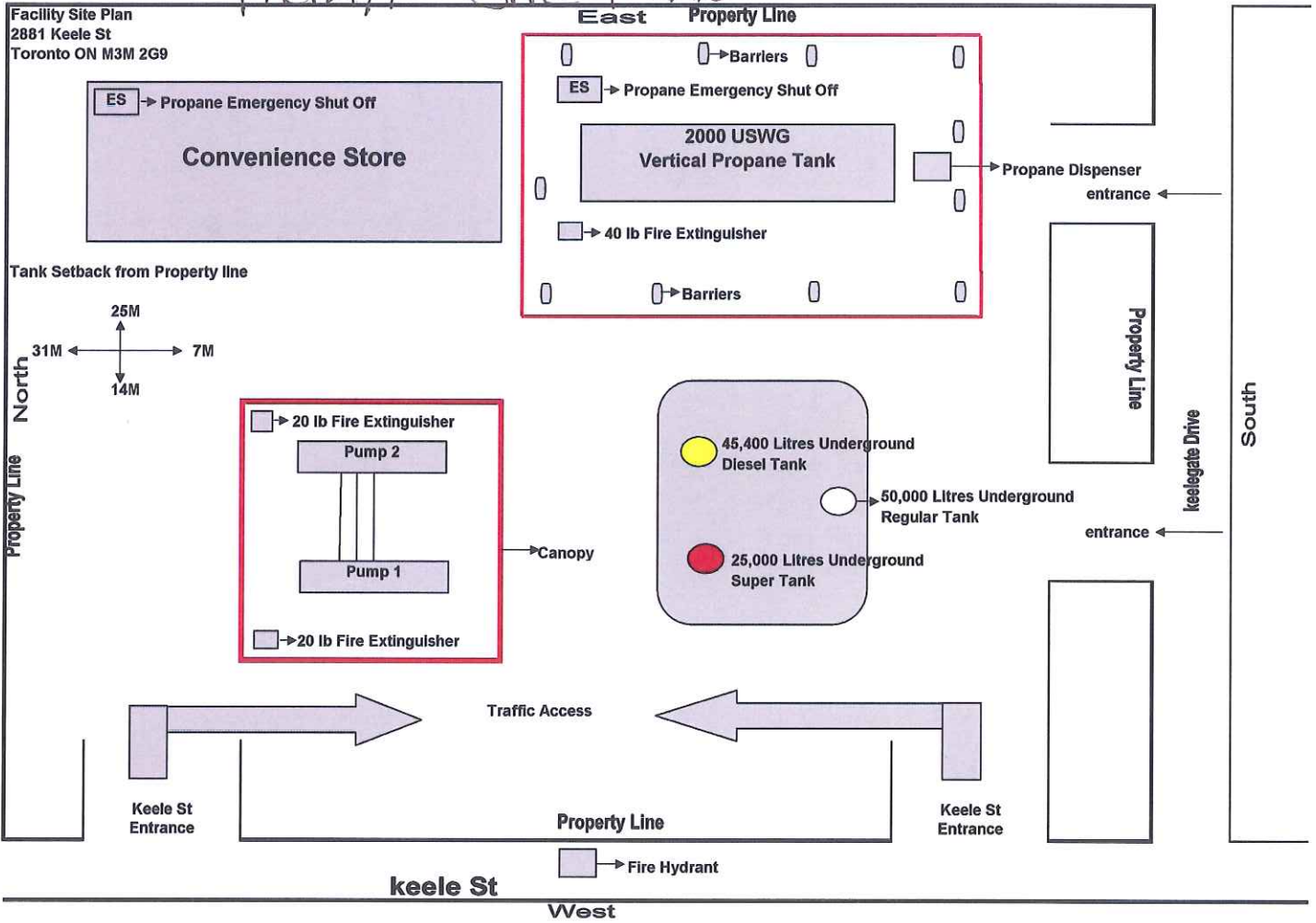
**Tanks Stored On-site Not Connected for Use**

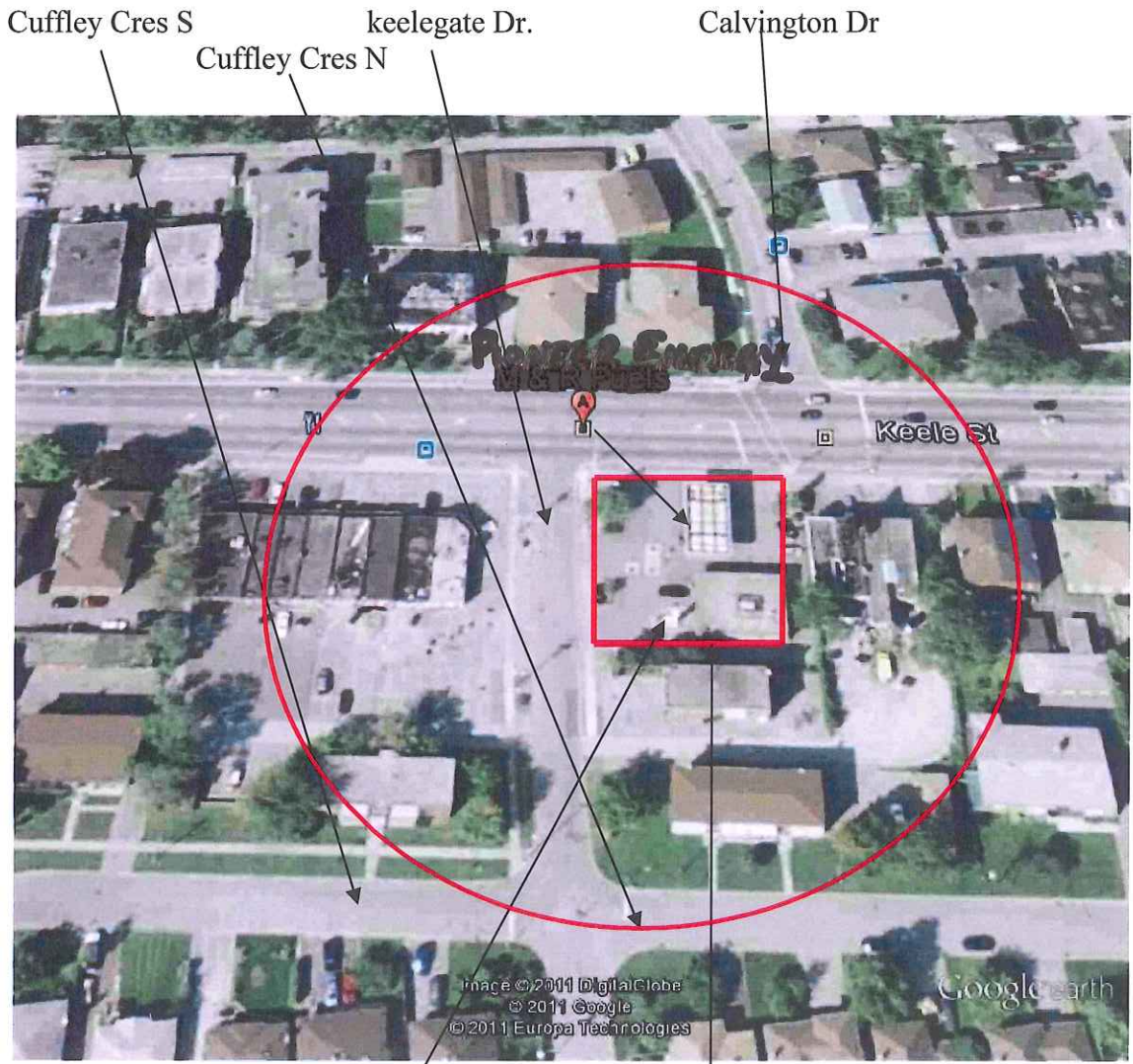
Tank Size In USWG	Quantity	Total Volume in USWG
<b>Total Tank Capacity</b>		

<b>Total Cylinder Capacity</b>	69.6 uswg
<b>Total Tank Capacity</b>	2000 uswg
<b>Total Portable Capacity</b> (Total Cylinder Capacity + Total Tank Capacity)	2069.6 uswg

# FACILITY SITE PLAN

Facility Site Plan  
2881 Keele St  
Toronto ON M3M 2G9





Location: 2881 Keele St Toronto  
 Prepared: Dec. 6, 2011

Property line

2000 USWG vertical tank  
 Tank setbacks: 17m north, 80m east, 124m south, 52 m west  
 Radius = 246m  
 GPS Coordinates: N 43° 43' 58.8" W 79° 29' 2.6"  
 Municipality: City of Toronto  
 City Clerk: Ulli S. Watkiss  
 Address: City Clerks Office, City Hall 13<sup>th</sup> fl., 100 Queen St. West, Toronto ON M5H 2N2